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## **Behavioral Support Services: Service Definition and Standards**

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The Bureau of Developmental Disabilities Services (BDDS) within the Division of Disability and Rehabilitative Services (DDRS) developed this document as guidance for providers of Behavioral Support Services. The purpose of this document is to clearly outline the service definition, requirements, and related responsibilities of Behavioral Support Services.



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## **SECTION I: SERVICE DEFINITION**

Behavioral supports are an array of services designed to support individuals who are experiencing or are likely to experience challenges accessing, and actively participating in the community as a result of behavioral, social, or emotional challenges. Behavioral support services are intended to empower individuals and families (by leveraging their strengths and unique abilities) to achieve self-determination, interdependence, productivity, integration and inclusion in all facets of community life, across all environments, across the lifespan.

## II. PCISP REQUIREMENTS

The PCISP must identify the behavioral support services needed by the participant to pursue their desired outcomes as identified during the person-centered planning process. The need for service continuation is to be evaluated annually by the Individualized Support Team (IST) and reflected in the PCISP. Each outcome within the PCISP has at least one associated proposed strategy/action step designed to address potential barriers or maintenance needs in relation to the desired outcomes and the support and services needed to facilitate the outcomes. The proposed strategy/action step also identifies all paid and unpaid responsible parties and includes the name(s) of each responsible party including the provider, the service, and the staffing positions within the agency that are responsible for the strategy/action step. The participant may be the responsible party for a strategy/action step initiative if they so determine. In addition, each proposed strategy/activity has a specific time frame identified, including a minimum time frame for review. The Plan of Care/Cost Comparison Budget (POC/CCB) identifies the name of the waiver-funded service, the name of the participant-chosen provider of that service, the cost of the service per unit, the number of units of service, and the start and end dates for each Waiver service identified on the POC/CCB.

Documentation must include any progress toward outcomes in addition to any changes or modifications within the PCISP.

While the Behavior Support Plan (BSP) is an integral part of the PCISP, the dates of the BSP are not required to be the same as the annual PCISP. However, the BSP must have been updated within the individual's plan year.

### III. REIMBURSABLE ACTIVITIES

- Completing the functional behavioral assessment: this includes observation, environmental assessment, record reviews, interviews, data collection, complete psychosocial and biomedical history to identify targeted behaviors, the function of those behaviors, and to hypothesize the underlying need for new learning. Based on the principals of person-centered thinking and positive behavioral support, the assessment process should inform the recommendations for development of the behavioral support plan.
- Developing a comprehensive behavioral support plan and subsequent revisions: this includes devising proactive and reactive strategies designed to support the participant. It is imperative that the least intrusive/restrictive methods are attempted, documented, and exhausted prior to implementation of any highly restrictive procedure. Any restrictive techniques employed as part of the behavioral support plan must be approved, in writing, by a human rights committee, be time-limited, and regularly reviewed for elimination or reduction of the restrictive techniques to ensure appropriate reduction in these interventions over time.
- Obtaining and documenting consensus of the IST that the behavioral support plan is feasible for implementation and uses the least restrictive methods possible.
- Supporting the participant in learning new, positive behaviors as outlined in the behavioral support plan. This may include coping strategies, improving interpersonal relationships, or other positive strategies to reduce targeted behaviors and increase quality of life.
- Training staff, family members, housemates, or other IST members on the implementation of the behavioral support plan.
- Consulting with team members to achieve the outcomes of assessment and behavioral support planning.
- Concurrent service delivery of behavioral support services with other approved Medicaid services is allowable under the following conditions:
  - The service being provided concurrently with behavioral support services is not similar in nature, does not have a similar purpose, and does not promote similar outcomes to behavioral support services.

- The need for the concurrent service is clearly documented in the behavioral support plan, and outlines the individualized assessed need, and how the behavioral support service will support or contribute to the specified need.

## ACTIVITIES NOT ALLOWED

- Restrictive techniques - any techniques not approved by the IST and the human rights committee.
- Therapy services provided to the participant within the educational/school setting or as a component of the participant's school day.
- Services provided to a minor by a parent(s), step-parent(s), or legal guardian.
- Services provided to a participant by the participant's spouse.
- In the event that a Level 1 clinician performs Level 2 clinician activities, billing for Level 1 services is not allowed. In this situation, billing for Level 2 services only is allowed.
- Simultaneous receipt of facility-based support services or other Medicaid-billable services and intensive behavioral supports.

## IV. DOCUMENTATION STANDARDS

Documentation shall include:

- Services outlined in the PCISP
- A functional behavior assessment
- A behavioral support plan (BSP)
- The Plan of Care/Cost Comparison Budget (POC/CCB) identifies the name of the waiver-funded service, the name of the participant-chosen provider of that service, the cost of the service per unit, the number of units of service, and the start and end dates for each Waiver service identified on the POC/CCB.
- Documentation must include progress toward outcomes and any changes or modifications within the PCISP.
- Documentation in compliance with *460 IAC 6-18-4*.

In addition to compliance with documentation requirements outlined in *460 IAC 6*, the following data elements are required for each service rendered:

- Name of participant served
- IHCP Member ID (also known as RID) of the participant
- Name of provider
- Date of service including the year
- Time frame of service (include a.m. or p.m.)
- Duration of service
- Summary of the specific, person-centered behavioral support activities conducted
- Summary of the behavior support progress made towards outcomes
- Signature of the person providing the behavioral support services (Electronic signatures are permissible when in compliance with the *Uniform Electronic Transactions Act [IC 26-2-8]*.)
- For instance, if a consultation occurred, the note should state the date it took place, the length of time, participant involved, a summary of the discussion, a summary of the progress towards outcomes, and the behavior clinician's signature.

A quarterly report specific to behavioral support services must be created by the chosen service provider. The quarterly report should summarize the level of support provided to the participant, based on the identified supports and services in the PCISP and the POC/CCB. The quarterly report must be shared with the individual, guardian (as applicable), and entire IST. The service provider must upload the quarterly report to the document library of the participant in the State's

case management system on or before the 15th day of the month following the end of the quarter. The quarterly report shall be based on the quarters of the individual's CCB date range.

The quarterly report shall contain the following elements:

- Name of participant served
- IHCP Member ID (also known as RID) of the participant
- Name of provider
- Date range of services
- Service rendered
- Brief summary of progress towards PCISP outcomes
- Data obtained during the quarter to track BSP related outcomes
- Data obtained during the quarter on targeted behaviors identified in the BSP
- Challenges hindering progress towards PCISP outcomes, if applicable
- A positive event that occurred during the quarter that contributed to the individual's good life

Upon request, all data elements must be made available to auditors, quality monitors, Case Managers, and any other government entity. The documentation may reside in multiple locations, but must be clearly and easily linked to the participant or the standard will not be met.

## V. PROVIDER QUALIFICATIONS

Providers must meet the following criteria:

- Be enrolled in the IHCP as an active Medicaid provider.
- Be DDRS-approved.
- Comply with *460 IAC 6*, including but not limited to:
  - *460 IAC 6-10-5* Criminal Histories
  - *460 IAC 6-12* Insurance
  - *460 IAC 6-11* Provider Financial Status
  - *460 IAC 6-5-4* Behavioral Support Services Provider qualifications
  - *460 IAC 6-18* Behavior Support Services Standards
- Comply with any applicable BDDS service standards, guidelines, policies and/or documents, including the IHCP module and the DDRS BDDS policies.